

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.
10530102

FILING DATE
4-1-05

Applicant

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	1		/			
6	3		/			
7	3		/			
8	3		/			
9	4		/			
10	4		/			
11	3		/			
12	3		/			
13	1		/			
14	1		/			
15	1		/			
16	1		/			
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	15	←		←
TOTAL CLAIMS		16				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						